

DEC 11 2007**FAX TRANSMISSION****DATE:** December 11, 2007**PTO IDENTIFIER:** Application Number 10/540,335
Patent Number**Inventor:****MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** 571-273-8300**FROM:** Susan Hess
Organon International Inc.**PHONE:** 973.325.4939**Attorney Dkt. #:** 2002.749US**PAGES (Including Cover Sheet):** 31**CONTENTS:** Certificate of Transmission (1 p)
Amendment Transmittal (1 page)
Amendment After Non-Final Office Action (5 pages)
Information Disclosure Statement (4 pages)
PTO SB/08 (1 page)
1 Reference cited (18 pages)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at 973.325.4939 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

Organon International Inc.
Patent Department
56 Livingston Avenue
Roseland NJ 07068

Telephone: 973.325.4542 Facsimile: 973.422.7695

DEC 11 2007

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

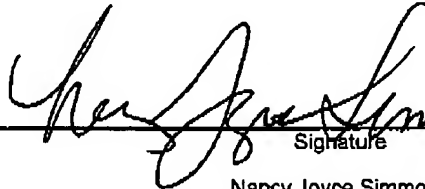
Application No. (if known): 10/540,336

Attorney Docket No.: 2002.749US

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on December 11, 2007
Date



Signature

Nancy Joyce Simmons

Typed or printed name of person signing Certificate

Registration Number, if applicable

973.325.4939

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)
Amendment After Non-Final Office Action (5 pages)
Information Disclosure Statement (4 pages)
PTO SB/08 (1 page)
1 Reference cited (18 pages)

DEC 11 2007

| | | | | | |
|---|---|---|-----------------------------------|----------|---------------|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 2002.749US | | |
| Application No. 10/540.335 | Filing Date January 10, 2006 | Examiner Layla D. Bland | Art Unit 1623 | | |
| Applicant(s): Cornelis Marius Timmers et al. | | | | | |
| Invention: TETRAHYDROQUINOLINE DERIVATIVES AND THEIR USE AS FSH RECEPTOR MODULATORS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 9 | - 20 = | 0 | x 25.00 | |
| Independent Claims | 1 | - 3 = | 0 | x 100.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): IDS (37 CFR 1.17(p)) | | | | | 180.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 180.00 |
| <input type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-4205</u> in the amount of \$ <u>180.00</u> . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-4205</u> as described below. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| <u>Susan Hess</u> Susan Hess Attorney/Agent Reg. No.: 37,350 | | | Dated: <u>December 11, 2007</u> | | |